

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10-807492</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.	<i>2</i>	↓		↓		↓		TOTAL IND.		↓		↓	
TOTAL DEP.	<i>14</i>	←		←		←		TOTAL DEP.		←		←	
TOTAL CLAIMS	<i>16</i>							TOTAL CLAIMS					